PTO/SB/05 (08-03)
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Attorney Docket No. 524592006900

UTILITY PATENT APPLICATION

First Inventor		Richard B. ROTH					
Title	METHODS FOR IDENTIFYING RISK OF BREACANCER AND TREATMENTS THEREOF						
Expres	s Mail Label No.	EV 272142975 US	2				

TRANSMITTAL	Title				REOF SEASI					
(Only for new nonprovisional applications under 37 CFR 1.53(b))	CANCER AND TREATMENTS THEREOF SS Mail Label No. EV 272142975 US									
	Expres	s Mail Label No.								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application cor	ntents.	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)			M or CD-R in duplica		e or					
Applicant claims small entity status. See 37 CFR 1.27.	Applicant claims small entity status.				Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission					
5. Oath or Declaration [Total Sheets] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application,	46]]	c. Stater ACCC 9. Assignm 10. 37 CFR (when the statement statement) 12. Informat Statement 13. Prelimin 14. X Return F (Should (if foreign foreign) 15. Certified (if foreign) 16. Nonpublications	con Sequence Listing CD-ROM or CD-R ments verifying iden DMPANYING AP ment Papers (cover as 3.73(b) Statement mere is an assignee) Translation Docume ion Disclosure int (IDS)/PTO-1449 ary Amendment Receipt Postcard (N be specifically item I Copy of Priority Do priority is claimed) lication Request unit must attach form	(2 copies); or titity of above copplication with the copies and the copies are th	PARTS nent(s)) Power of Attorney le) es of IDS ions					
see 37 CFR 1.63(d)(2) and 1.33(b).	17. Other:	it must attach form	F 10/3B/33 01	ns equivalent.						
6. X Application Data Sheet. See 37 CFR 1.76	6. X Application Data Sheet. See 37 CFR 1.76									
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
19. CORRESPONDENCE ADDRESS										
X Customer Number: 25225 OR Correspondence address below										
Name										
Address										
City Stat	!e		Zip Code							
Country Tele	ephone		Fa	x						
Name (Print/Type) Bruce D. Grant		Registration N	o. (Attorney/Agent)	47,608	3					
Signature		Date	Novembe	er 25, 2003						
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 272142975 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: NOVEMBER 2C, 2003 Signature: (Bruce D. Grant)										
Dated: NOVEMBER 75, 7/703 Signature: (Bruce D. Grant)										



Under the Descenario Beduction Act of 1995, to parcess are manife		manand t			d Trademan	k Office; U.S.	ough 7/31/2006. OM DEPARTMENT OF (OMMERCE	
	red to respond to a collection of information unless it displays a valid OMB control number Complete if Known							non nambel.	
FEE TRANSMITTAL	,	Applic	ation	Numbe	er	Not Yet A	ssigned		
for FY 2004	Filing Date				Concurrently Herewith				
	First Named Inventor			Richard B. ROTH					
Effective 10/01/2003, Patent fees are subject to annual revision.		Exam	iner Na	ame		Not Yet A	ssigned		
X Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit			Not Yet A	ssigned		
TOTAL AMOUNT OF PAYMENT (\$) 1,265.00			ey Doo	ket No) .	52459200	06900		
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	ntinued)		
Check Credit Money Other None X Deposit Account:	3. ADDITIONAL FEES								
X Deposit Account: Deposit 03-1952 referencing	Larg	e Entity	Small	Entity	_				
Account Number 524592006900	Fee Code	Fee (\$)	Fee Code	Fee (\$)	-	Fee Description Fee Pa			
Deposit Morrison & Foerster LLP	1051	130	2051	65	Surcharge	 late filing fe 	e or oath .		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	 late provision 	onal filing fee or cover		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		h specification	n		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2.520	_		parte reexamination		
	1804	920*	1804	920*	Requesting	publication o			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805		1805		Examiner a Requesting	action publication o	of SIR after		
FEE CALCULATION	1251	1,040	2251	55	Examiner a	action for reply within			
1. BASIC FILING FEE	1252		2252				second month		
Large Entity Small Entity	1253	950	2253			for reply within			
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension (for reply within	fourth month		
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension f	for reply within	n fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of A				
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1402 1403		2402		_	ef in support o	f an appeal		
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1451		1451			r oral hearing institute a pub	lic use proceeding		
	1452		2452	55		revive – unav	· -		
SUBTOTAL (1) (\$) 385.00	1453	1,330	2453	665	Petition to	revive - uninte	entional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,330	2501	665	Utility issue	fee (or reissu	, , ,		
Claims below Fee Paid	1502		2502		Design issu				
Total Claims 70 -20 = 50 x 9 = 450.00 Independent 12 2 = 450.00	1503		2503 1460		Plant issue			<u> </u>	
Claims 13 -3 = 10 x 43 = 430.00	1460 1807	50	1807	130 50		the Commiss fee under 37			
Multiple Dependent = = = = = = = = = = = = = = = = = = =	1806		1806				n Disclosure Stmt		
Large Entity Small Entity Fee Fe			8021		Recording	each patent a	ssignment per		
Code (\$) Code (\$) Fee Description 1202 18 2202 9 Claims in excess of 20	8021	40		40		mes number o omission after	of properties) final rejection	 	
1202	1809	770	2809	385	(37 ČFR 1.	129(a))	•		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		dditional inver (37CFR 1.129			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385			xamination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		r expedited ex application	หลากเกลน on		
and over original patent	Other	fee (spe	cify)						
SUBTOTAL (2) 880.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00					0.00				
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) Bruce D. G rant	Regist (Attorn	ration No ey/Agent)	47	,608		Telephone	(858) 720-7962		
Signature						Date	November 25, 2	2003	
V \									

Application No. (if known):	Attorney Docket No.: 524592006900

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Application Data Sheet